

TITLE 9. Rehabilitative And Developmental Services

Division 1. Department of Mental Health
Chapter 3. Community Mental Health Services Under the Short-Doyle Act
Article 19. Requirements for Research and Evaluation Services

§779. Confidential Nature of Information and Records.

All personal data and information obtained from medical records in the course of research studies shall be confidential and may be disclosed only to qualified professional persons providing services to the patient or to other research personnel engaged in the study. No information obtained in the course of research may be released through publication or other research communication unless the person studied is unidentifiable.

§780. Requirement of Oath of Confidentiality.

As a condition of doing research concerning persons who have received services from _____ (fill in the facility, agency or person), I, _____, agree not to divulge any information obtained in the course of such research to unauthorized persons, and not to publish or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable.

I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code.

_____. Signed

Chapter 3.5. Mental Health Rehabilitation Centers
Article 4. General Requirements

§784.28. Clients' Records.

(b) Information contained in the clients' records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.

Chapter 4. Community Mental Health Services Under the Lanterman-Petris-Short Act

Article 6. Patient Rights: Denial for Good Cause

§866. Quarterly Reports to the Director of Health.

(a) Each local mental health director shall, by the last day of January, April, July, and October, report on the appropriate form to the Patients' Rights Specialist, Department of Health, the number of persons, by facility, whose rights were denied and the specific right or rights denied. Denials of rights in the following types of local facilities must be reported to the local mental health director for inclusion in each quarterly report:

(1) Facilities that treat persons involuntarily detained under the Lanterman-Petris-Short Act;

(2) Local mental health facilities operated directly by or under contract with local mental health services or designated in the county plan to provide such services;

(3) Private mental institutions;

(4) Psychiatric units of general acute care hospitals, acute psychiatric hospitals, and skilled nursing facilities.

(b) The content of the quarterly reports shall enable the State Director of Health and the Patients' Rights Specialist to identify individual treatment records, if necessary, for further analysis and investigation.

(c) Each facility shall note in its report to the local mental health directors that the treatment record of a person denied a specific right is identifiable and can be located for purposes of analysis and investigation by the Department.

(d) State hospitals shall submit quarterly reports on denials of rights directly to the Patients' Rights Specialist, Department of Health, in accordance with Department directive on the patients' rights program in state hospitals, as revised 1975.

§867.

Access to Denial of Rights Information.

Information in a patient's/resident's treatment record pertaining to a denial of a right shall be available on request to the patient/resident, his attorney/conservator/guardian, the Department of Health, a member of the State Legislature, or a member of a county board of supervisors.

Chapter 7. Acute and Nonacute Levels of 24-Hour Mental Health Care Provided by County Mental Health Agencies in Correctional Treatment Centers

§1104(e). Mental Health Treatment Program--General Requirements.

(e) Release of medical records or mental health treatment information concerning any inmate-patient shall be only as authorized under Section 5328 of the Welfare and Institutions Code.

Chapter 11. Medi-Cal Specialty Mental Health Services
Subchapter 1. General Provisions
Article 3. Administration

§1810.370(a)(3). MOUs with Medi-Cal Managed Care Plans.

(a) The MHP shall enter into an MOU with any Medi-Cal Managed Care Plan that enrolls beneficiaries covered by the MHP. The MOU shall, at a minimum, address the following:...(3) Appropriate management of a beneficiary's care, including procedures for the exchange of medical records information, which maintain confidentiality in accordance with applicable state and federal laws and regulations. The procedures shall ensure that the confidentiality of medical records is maintained in accordance with applicable state and federal laws and regulations.

Article 4. Standards

§1810.415(b). Coordination of Physical and Mental Health Care.

(b) The MHP shall arrange appropriate management of a beneficiary's care, including the exchange of medical records information, with a beneficiary's other health care providers or providers of specialty mental health services. The MHP shall maintain the confidentiality of medical records in accordance with applicable state and federal laws and regulations.

Chapter 12. Mental Health Program Standards for the Community Treatment Facility

Article 5. Continuing Requirements

§1923(b)(4)(B)7. Admission Criteria.

HEALTH CARE RECORDS, DATA COLLECTION and CONFIDENTIALITY CITATIONS
EXCERPTS FROM THE CALIFORNIA CODE OF REGULATIONS

(b) A child, court, conservator or parents must submit one of the following types of admission applications and consent for treatment to a CTF:...(4) An application made by the parents of a child fourteen (14) through seventeen (17) years old, a consent to treatment signed by both parents unless the admitting parent submits a court order demonstrating that he has sole custody and control of the child and one of the following:...(B) The findings and order from a preadmission hearing held pursuant to Section 4094(g) of the Welfare and Institutions Code in accordance with the criteria delineated in "Roger S." and findings have been made that the child suffers from a mental disorder; that there is a substantial probability that treatment will significantly improve the child's mental disorder; that the proposed placement is the least restrictive setting necessary to achieve the purposes of treatment; and that there is no suitable alternative to CTF placement. A hearing held in accordance with this provision shall include but not be limited to the following:...7. Maintenance of a record of the proceedings adequate to permit meaningful judicial or appellate review which shall be confidential in accordance with Section 5328 of the Welfare and Institutions Code.